

3. No. 2  
M-5-43  
5-17-39  
I X36871

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30624

State File No. \_\_\_\_\_

Registration District No. 275

Primary Registration District No. 5938

Registrar's No. 81

1. PLACE OF DEATH:  
(a) County Phelps  
(b) City or town Rural - Arlington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 40 years years, months or days)

3. (a) PRINT FULL NAME JAMES CHRISMAN RAMSEY  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Martha F. Ramsey 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased Nov. 19 1879 (Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 1 If less than one day hr. min.

9. Birthplace Phelps Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

12. Name James Ramsey

13. Birthplace Vib. Mo. (City, town, or county) (State or foreign country)

14. Maiden name Malinda Christiansen

15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant James Monroe Ramsey  
(b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof Sept 23 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Goodall Cemetery

18. (a) Signature of funeral director Lee Johnson  
(b) Address Newburg Mo

19. (a) 10-7-48 (b) Nadine L. Stoele (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Phelps  
(c) City or town Arlington - Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Arlington (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20 year 1948 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 19 19 19 48  
that I last saw him alive on Sept 20 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction Duration \_\_\_\_\_  
+ cerebral apoplexy

Due to Cerebral apoplexy

Due to Arteriosclerosis  
+ hypertension

Other condition (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy 9/27

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? (City or town) (County) (State) \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? (Specify type of place) \_\_\_\_\_ (e) Nature of injury \_\_\_\_\_

23. Signature Richard C. Hyman M.D. or other \_\_\_\_\_

Address Newburg, Mo. Date signed Sept 21 48

RECEIVED

Phelps County Health Officer,  
County File Number \_\_\_\_\_  
Date Filed 10/11/48

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
~~working under my personal supervision.~~

Signed \_\_\_\_\_

Licensed Embalmer No. 3392

P. O. Address. Newburg Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.